



MBMD[®]

MILLON[®] BEHAVIORAL MEDICINE DIAGNOSTIC

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A world of information with one test

A multidimensional assessment designed to help clinical and health psychologists and medical professionals gain greater insight into a patient's total health

Key Features

- Helps pinpoint a patient's psychological assets and liabilities to support presurgical psychological evaluations and help guide treatment recommendations
- Takes only 20–25 minutes for the patient to complete, helping to reduce patient resistance and fatigue
- Includes a one-page Healthcare Provider Summary to facilitate communication between the psychologist and medical staff
- Offers a choice of reports for specific population groups in the areas of general medical, bariatrics, and pain



MBMD[®]

Because every patient's universe is unique

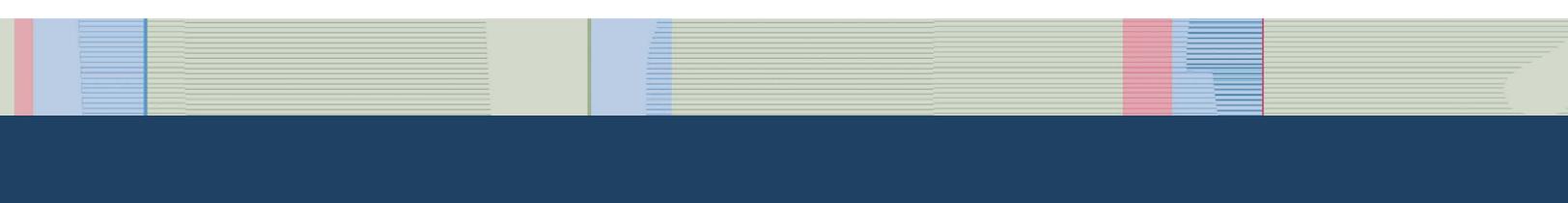
Helping your patients achieve improved health depends on understanding the personal reality each individual faces. This reality is influenced by many factors, including psychological issues, attitudes, behaviors, habits, and lifestyle choices. Brief yet comprehensive, the MBMD is a multidimensional self-report instrument that helps you learn about your patient's world from the inside out.

This contemporary tool provides:

- A fuller picture of psychosocial factors, so you can identify significant psychiatric problems that could aid or interfere with a chronically ill patient's course of medical treatment
- Support for your presurgical evaluations
- Recommendations to help tailor pre- and post-treatment plans and self-care responsibilities in the context of the patient's social network
- A protocol for communicating with psychologists, physicians, nurses, and other professionals to ensure patients have the support they need to comply with prescribed medical regimens

Individual planning can help reduce cost of care

Using the information provided by the highly validated MBMD enables psychologists and medical professionals to create a treatment plan that is based on a detailed view of the patient's social, emotional, and mental issues. The result can be a decline in medical utilization and overall cost of care in clinics and hospitals through the reduction of assessment and interpretation time, increased triage efficiency, and decreased complications after major procedures. MBMD data can also help you identify and intervene with patients who can most benefit from programs that help them adjust to lifestyle changes, which can also affect costs.



Population specific reports expand the test relevance

The MBMD inventory gives you a wealth of information that might otherwise require a battery of instruments. Whether you need to assess patients in the areas of bariatrics or pain, or evaluate those experiencing other health hurdles, you receive the personalized results you need.

General Medical Report—Gain a broad view of your patients

Comprehensive and thorough, the normative sample for the MBMD General Medical report is made up of 700 patients with a wide variety of medical conditions, such as cancer, diabetes, HIV/AIDS, obesity, heart problems, neurological disorders, gastrointestinal complaints, sleep disorders, gynecological problems, injuries, and organ transplants. The MBMD can be used in multiple settings, including military and veterans' hospitals, primary care facilities, and family medicine clinics.

The Profile Report shows common scores across all scales

View a graphic representation of scores for all content scales with the Profile Report. It also provides a listing of noteworthy responses worthy of follow-up by the healthcare team.

The Interpretive Report provides an integrated interpretation of the scales

- Provides a detailed narrative analysis of the patient's reported strengths and weaknesses
- Displays results graphically
- Offers a convenient one-page Healthcare Provider Summary
- Includes syntheses across scale domains that integrate the results of the separate scales, similar to the way a clinician would integrate the results of several different tests or laboratory reports

Bariatric Report—Effectively manage the care of bariatric surgery candidates

Norms specific to bariatric surgery candidates are based on data collected from 711 pre-screened bariatric surgery patients from across the United States, including 585 females and 126 males with BMIs ranging from 31 to 84.

Customized Bariatric Summary Section

This one-page, theoretically based narrative section of the report presents patient-specific information including:

- The candidate's psychological suitability for surgery
- Recommendations for presurgical interventions
- Insights into patient behavior and psychosocial assets and liabilities that may affect the patient's response to treatment
- Suggestions for postsurgical care



The one-page **Healthcare Provider Summary** offers a concise summary of the patient's potential assets and weaknesses, and can be reviewed in a manner similar to medical lab reports.

Pain Patient Reports—Evaluate pain patients for surgery, treatment, and rehabilitation

The normative sample for MBMD Pain Patient Reports is comprised of 1,200 patients. Useful for pre-treatment, as well as general, expanded, psychosocial, and behavioral health evaluations, the reports give you a fuller picture of psychosocial assets and liabilities. As a result, you can better monitor an individual's response to treatment, interventions, and outcomes.

The MBMD Pain Patient Reports are based on a comprehensive review of literature, input from experienced practitioners, and extensive reliability and validity data. A new manual supplement provides details on the development and use of the reports.

Customized reports for presurgical and nonsurgical patients

The **Interpretive Report** includes a three-page section that can be tailored in two ways:

- The **Presurgical Pain Patient Report** focuses on surgical risk factors and includes information on major and secondary outcome risks, as well as postsurgical patient behavior
- The **Nonsurgical Pain Patient Report** includes pre-treatment considerations, information on psychosocial management needs, and potential long-term gains and challenges

MBMD Scales

The test includes 29 content scales grouped into five Domains, three Response Patterns, and six Negative Health Habits.

Response Patterns

- X Disclosure
- Y Desirability
- Z Debasement

Negative Health Habits

- Alcohol
- Caffeine
- Drugs
- Inactivity
- Eating
- Smoking

Psychiatric Indicators

- AA Anxiety-Tension
- BB Depression
- CC Cognitive Dysfunction
- DD Emotional Lability
- EE Guardedness

Coping Styles

- 1 Introversion
- 2A Inhibited
- 2B Dejected
- 3 Cooperative
- 4 Sociable
- 5 Confident
- 6A Nonconforming
- 6B Forceful
- 7 Respectful
- 8A Oppositional
- 8B Denigrated

Stress Moderators

- A Illness Apprehension
- B Functional Deficits
- C Pain Sensitivity
- D Social Isolation
- E Future Pessimism
- F Spiritual Absence

Treatment Prognostics

- G Interventional Fragility
- H Medication Abuse
- I Information Discomfort
- J Utilization Excess
- K Problematic Compliance

Management Guides

- L Adjustment Difficulties
- M Psych Referral

Test Components

- **Response Patterns**
Help gauge distorted response tendencies in the patient's self-report
- **Negative Health Habits**
Help gauge recent or current problematic behaviors affecting health
- **Psychiatric Indications**
Help identify psychiatric comorbidities that may affect health management
- **Coping Styles**
Help identify patients' approaches to handling everyday problems, as well as their medical condition and major life stressors
- **Stress Moderators**
Help identify attitudes and resources that may affect health care
- **Treatment Prognostics**
Help identify behavioral and attitudinal aspects of a patient's life that may complicate or enhance treatment efficacy
- **Management Guides**
Help integrate and summarize a patient's major problem areas

Supported by Research

- Reliability that gives you the dependability you need
- Validity is based on several approaches

A bibliography of selected research is available on our website at PearsonClinical.com/MBMD

About the Authors

Theodore Millon, PhD, DSc, is a leading psychological theorist, renowned for his APA-award winning work on an evolutionary theory of personality and psychopathology. Dr. Millon was the founding editor of the *Journal of Personality Disorders* and is the inaugural president of the International Society for the Study of Personality Disorders. He has been a full professor at Harvard Medical School, the University of Illinois, and the University of Miami. Principal author of the Millon™ Inventories, Dr. Millon has written or edited more than 30 books, including *The Millon Inventories: A Practitioner's Guide to Personalized Clinical Assessment (2nd Edition)*, *Personality-Guided Therapy*, *The Oxford Textbook of Psychopathology (2nd Edition)*, *Contemporary Directions in Psychopathology (2nd Edition)* and a 3-book series subtitled *A Personalized Psychotherapy Approach*. Most recently, he has completed the third edition of *Disorders of Personality*. He has contributed more than 250 chapters and articles to numerous books and journals in the field. In the past decade, he has received psychology's three highest commendations, the APA Presidential Citation, the APA's distinguished Professional Contribution to Research, and the APF's Gold Lifetime Achievement Award. With support from colleagues and Pearson, Dr. Millon established the Institute for Advanced Studies in Personology and Psychopathology, which he directs as Dean and Scientific Director.

Michael H. Antoni, PhD, is Professor of Psychology and Psychiatry and Behavioral Sciences at the University of Miami, leads the Biobehavioral Oncology Program at the Sylvester Comprehensive Cancer Center, and is a licensed Clinical Psychologist in Florida. His research focuses on psychoneuroimmunology applied to viral infections and certain human cancers. He has led multiple NIH-funded efforts testing the effects of cognitive behavioral stress management (CBSM) interventions on psychological adjustment, immune system functioning, and health outcomes in HIV-infected men and women, women with Human Papilloma Virus-associated cervical dysplasia, women with breast cancer, men with prostate cancer, and men and women with chronic fatigue syndrome. He is a Fellow of the Society of Behavioral Medicine, and is Associate Editor for the *International Journal of Behavioral Medicine* and *Psychology and Health*. He has published over 400 journal articles, abstracts, chapters, and books in the area of health psychology.

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